

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<p>Substitute for form 1449A/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(use as many sheets as necessary)</i></p>				Compl t if Known	
				Application Number	
				Filing Date	August 20, 2003
				First Named Inventor	HAYASHIBARA, MITSUO
				Art Unit	
				Examiner Name	
Sheet	1	of	2	Attorney Docket Number	520.43023X00

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard St.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<p>Substitute for form 1449B/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(use as many sheets as necessary)</i></p>				Complete if Known			
				Application Number			
				Filing Date		August 20, 2003	
				First Named Inventor		HAYASHIBARA, MITSUO	
				Group Art Unit			
				Examiner Name			
Sheet	2	of	2	Attorney Docket Number	520.43023X00		

OTHER PRIOR ART—NON PATENT LITERATURE DOCUMENTS

Examiner Signature _____ **Date Considered** _____

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.